

[X]Check here if entry is None

HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (FORM D-201)

NAME (Last, First, Middle)		STATE PO	STATE POSITION HELD: (Dept/Div or Board/Commission)		
Moses, M	1ark Steven		State	House of Representative	res
	·	TERM OF		(Begin/End) ber, 2004 / November, 2	2006
USE THE a spouse an	EACH ITEM, EXCEPT ITEM 9, DISCLOSE I ABBREVIATIONS: "F" for filer, "SP" for spous d filer. ITEM 1: INCOME FOR SERVICES F ource (the term "source" also includes any state ived during the preceding calendar year, for ser	e, "DC" for deper RENDERED FOR e or other governi	PRECEDION TO SERVICE S	ren, and "JT" for joint inter NG CALENDAR YEAR cies) and amount of all inco	rests of the ome of \$1,000 or
F,SP,DC,	JT NAME AND ADDRESS OF SOURCE OF I	INCOME	AMOUN'	T SERVICES RENDERED	
[X]Che	eck here if entry is None		[]Ch	neck here if additional sheet	s are attached.
incorpora 10% or n	mount and identity of every ownership or benefited, regulated, or licensed to carry on business more of the ownership of the business.	eficial interest held s in the State if the	during the einterest l	e disclosure period in any b has a value of \$5,000 or m	ore or is equal to
F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUS	INESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
		·			

[]Check here if additional sheets are attached.

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

	The desired with sets and sets	1	
F,SP,	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF	
DC,JT		TRANSFER	
[X]Che	[X]Check here if entry is None []Check here if additional sheets are attached.		

ITEM 4: CREDITORS

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

original al	riginal amount and amount outstanding (excluding debts arising out of retail transactions of the purchase of consumer goods).				
F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING		
	·				
[X]Che	[X]Check here if entry is None []Check here if additional sheets are attach		sheets are attached.		

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or

organizati	organization, the term of office, and the annual compensation.				
F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION	
SP F F, SP	Makakilo Elementary School PTSO Leeward YMCA Friends of Kapolei Library, Inc.	President Member Emeritus, Board of Managers Director	2 Years	None None None None	

Check here if entry is None [] Check here if additional sheets are attached.

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State, held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
JT	791 NW 2 nd Ave Oak Harbor, WA 98277		< 200,000
[]Chec	k here if entry is None	[]Check here if additional sh	eets are attached.

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State, held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
[X]Ch	[X]Check here if entry is None []Check here if additional sheets are attached.		

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED

List interests in real property in or outside of the State, held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
[X]Che	ck here if entry is None	[]Check here if a	dditional sheets are attached.

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
[X]Check here if entry is None	[]Check here if additional sheets are attached.

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST VALUE
		·	
			<u> </u>
			TATE
			TATE
	·		OG MAY 31 P1:18
			HAW. P
			All SSI
			Q 8
[X]Check here if entry is None			

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

May 30, 2006

DATE